County: Waupaca
BEHLING MEMORIAL HOME, INC.
35 ANNE STREET
CLINTONVILLE 54929 CLINTONVILLE 54929 Phone: (715) 823-8107
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 26
Total Licensed Bed Capacity (12/31/00): 26
Number of Residents on 12/31/00: 26

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Nonprofit Church-Related Skilled

No Yes 25

**********	****	**********	******	************	******	**********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 3. 8 11. 5 7. 7 0. 0 0. 0 0. 0 0. 0 61. 5 7. 7 0. 0 0. 0 7. 7 100. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	3. 8 0. 0 26. 9 65. 4 3. 8 100. 0 96. 2	Less Than 1 Year 1 - 4 Years More Than 4 Years *********************** Full-Time Equivale Nursing Staff per 100 R (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	38. 5 46. 2 15. 4
Devel opmentally Disabled ************************************	No ****	 ************	*****	 *************	100.0	 ***********	*****

Method of Reimbursement

	Medicare Medica (Title 18) (Title					P	Private Pay			Managed	l Care	Percent					
			Per Die	m		Per Die	m		Per Dier	n		Per Dien	1	F	er Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	Ĭ	100. 0		13	72. 2	\$96. 30	Ŏ	0. 0	\$0.00	6		\$135.00	Ŏ	0. 0	\$0.00	20	76. 9%
Intermedi ate				5	27.8	\$79.47	0	0.0	\$0.00	1	14. 3	\$130.00	0	0.0	\$0.00	6	23. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	1	100.0		18	100. 0		0	0.0		7	100.0		0	0.0		26	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons,	Servi ces	s, and Activities as o	f 12/31	1/00
beachs builing kepotering terrou				% Need	di ng			Total
Percent Admissions from:		Activities of	%	Assi star		% Totally	Nι	umber of
Private Home/No Home Health	17. 9	Daily Living (ADL)	Independent	One Or Tv	wo Staff	Dependent	Re	esi dents
Private Home/With Home Health	0. 0	Bathi ng	0.0	84.	6	15. 4		26
Other Nursing Homes	10. 7	Dressi ng	11. 5	76.	9	11. 5		26
Acute Care Hospitals	64. 3	Transferri ng	46. 2	53.		0. 0		26
Psych. HospMR/DD Facilities	0. 0	Toilet Use	34. 6	50.		15. 4		26
Rehabilitation Hospitals	0. 0	Eating	69. 2	30.	8	0. 0		26
Other Locations	7. 1	*******************	******	******	*******	********	*****	******
Total Number of Admissions	28	Conti nence			cial Trea			%
Percent Discharges To:		Indwelling Or Extern				Respiratory Care		11. 5
Private Home/No Home Health	32. 1	Occ/Freq. Incontinen				Tracheostomy Care		0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel			Suctioning		0. 0
Other Nursing Homes	0.0			Re	ecei vi ng	Ostomy Care		0. 0
Acute Care Hospitals	14. 3	Mobility	_			Tube Feeding		0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7. 7 Re	ecei vi ng	Mechanically Altered	Diets	26. 9
Rehabilitation Hospitals	0. 0							
Other Locations	10. 7	Skin Care				ent Characteristics		
Deaths	42. 9	With Pressure Sores				ice Directives		100. 0
Total Number of Discharges		With Rashes			cations			
(Including Deaths)	28			Re	ecei vi ng	Psychoactive Drugs		57. 7
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		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	is Nonprofit		Unde	Under 50		Skilled		
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 2	92.8	1.04	92. 9	1. 03	87. 0	1. 11	84. 5	1. 14
Current Residents from In-County	100	73. 6	1. 36	74. 7	1.34	69. 3	1.44	77. 5	1. 29
Admissions from In-County, Still Residing	35. 7	26. 8	1. 33	24. 5	1.46	22. 3	1. 60	21. 5	1.66
Admi ssi ons/Average Dai ly Census	112. 0	86. 5	1. 30	88. 3	1. 27	104. 1	1. 08	124. 3	0. 90
Di scharges/Average Daily Census	112. 0	83. 8	1. 34	84. 8	1. 32	105. 4	1.06	126. 1	0.89
Discharges To Private Residence/Average Daily Census	36. 0	28. 3	1. 27	19. 3	1. 87	37. 2	0. 97	49. 9	0. 72
Residents Receiving Skilled Care	76. 9	89 . 0	0. 86	77. 6	0. 99	87. 6	0. 88	83. 3	0. 92
Residents Aged 65 and Older	96. 2	97. 3	0. 99	92. 5	1.04	93. 4	1. 03	87. 7	1. 10
Title 19 (Médicaid) Funded Residents	69. 2	67. 3	1.03	55. 7	1. 24	70. 7	0. 98	69. 0	1.00
Private Pay Funded Residents	26. 9	27. 1	0. 99	41.4	0. 65	22. 1	1. 22	22. 6	1. 19
Developmentally Disabled Residents	3. 8	0.4	8. 76	1. 7	2. 23	0. 7	5. 39	7. 6	0.50
Mentally Ill Résidents	19. 2	32.8	0. 59	47. 1	0.41	37. 4	0. 51	33. 3	0. 58
General Medical Service Residents	7. 7	22. 4	0. 34	8. 6	0.89	21. 1	0. 36	18. 4	0.42
Impaired ADL (Mean)	38. 5	49. 0	0. 78	49. 3	0. 78	47. 0	0.82	49. 4	0. 78
Psychological Problems	57. 7	46. 3	1. 25	44. 3	1. 30	49. 6	1. 16	50. 1	1. 15
Nursing Care Required (Mean)	7. 2	7. 6	0. 95	7. 2	1.00	7. 0	1. 02	7. 2	1.01